

## Building Permit Application

### Property Location

E911 Address: \_\_\_\_\_  
Tax Map Number: \_\_\_\_\_  
What is currently on the property? \_\_\_\_\_  
Directions to Property: \_\_\_\_\_

Permit #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

<b>The applicant is the:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Agent for Owner/Lessee		<b>Code Year:</b> <input type="checkbox"/> 2015
<b>Owner</b>		<b>General Contractor</b>
Name: _____		Name: _____
Mailing Address: _____		Mailing Address: _____
Phone Number: _____		Phone Number: _____
Email (Optional): _____		Email (Optional): _____
		State Lic. #: _____ Exp Date: _____
<b>Lessee if applicable</b>		<b>Mechanic's Lien Agent</b>
Name: _____		Name: _____
Mailing Address: _____		Mailing Address: _____
Phone Number: _____		Phone Number: _____

**Description of work to be completed:** \_\_\_\_\_

**Intended Use:** \_\_\_\_\_ ☐ Residential   ☐ Commercial   ☐ Change of Use from \_\_\_\_\_ to \_\_\_\_\_  
☐ New Home   ☐ Addition   ☐ Accessory   ☐ Alteration   ☐ Remodel/Repair   ☐ Foundation Only   ☐ Masonry Chimney/Fireplace  
☐ Stick Built   ☐ Modular (# sections \_\_\_\_\_)   ☐ Singlewide   ☐ Doublewide   ☐ Above Ground Pool   ☐ In Ground Pool  
**Water/Sewer:**   ☐ Public Water   ☐ Public Sewer   ☐ Onsite Well   ☐ Onsite Septic   ☐ Community Well

<b>Dimensions of Structure:</b> Length _____ x Width _____ Height _____		<b>Total Square Footage:</b> _____
<b>No. of Stories:</b> _____	<b>Basement:</b> _____ x _____ <input type="checkbox"/> Finished <input type="checkbox"/> CS only	<b>Garage:</b> _____ x _____ # of cars: _____
<b>Decks:</b> Front: _____ x _____ Rear: _____ x _____ Side: _____ x _____		<b>Porches:</b> Front: _____ x _____ Rear: _____ x _____ Side: _____ x _____

Exterior Features (New Construction)	Interior Features (New Construction)
<b>Foundation:</b> <input type="checkbox"/> Cinderblock <input type="checkbox"/> Concrete <input type="checkbox"/> Superior Walls <input type="checkbox"/> Other: _____	<b># of rooms:</b> _____ Bedrooms: _____ Bathrooms: _____ ½ Baths: _____
<b>Walls:</b> <input type="checkbox"/> Frame <input type="checkbox"/> Brick <input type="checkbox"/> Alum <input type="checkbox"/> Vinyl <input type="checkbox"/> Log <input type="checkbox"/> Stone <input type="checkbox"/> Cedar <input type="checkbox"/> Other: _____	<b>Walls:</b> <input type="checkbox"/> Drywall <input type="checkbox"/> Paneled <input type="checkbox"/> Plaster <input type="checkbox"/> Other: _____
<b>Roof:</b> <input type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> Flat/Shed <input type="checkbox"/> Other: _____	<b>Floors:</b> <input type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Vinyl <input type="checkbox"/> Concrete <input type="checkbox"/> Tile
<b>Roofing Material:</b> <input type="checkbox"/> Asphalt <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____	<b>Heat:</b> <input type="checkbox"/> Forced Air <input type="checkbox"/> Baseboard <input type="checkbox"/> Hot Water <input type="checkbox"/> Floor Furnace <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Space Heat <input type="checkbox"/> Heat Pump <input type="checkbox"/> Radiant Floor
<b>Skirting (Manufactured Home):</b> _____	<b>Fuel:</b> <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Wood/Coal <input type="checkbox"/> None

**Est Value of Construction (Materials & Labor):** \$ \_\_\_\_\_

Electrical Permit		Work Request #: _____	
Contractor Name: _____		<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
Mailing Address: _____		<input type="checkbox"/> Stick Built <input type="checkbox"/> Modular <input type="checkbox"/> Manufactured	
_____		<input type="checkbox"/> New Home <input type="checkbox"/> Addition <input type="checkbox"/> Garage <input type="checkbox"/> Accessory <input type="checkbox"/> Pool	
Phone Number: _____		<input type="checkbox"/> New Service <input type="checkbox"/> Upgrade <input type="checkbox"/> Reconnect <input type="checkbox"/> Remodel/Repair	
Email (Optional): _____		<input type="checkbox"/> Interior Wiring <input type="checkbox"/> Utility Pole <input type="checkbox"/> Temp. Pole <input type="checkbox"/> Sign	
State Lic #: _____ Exp Date: _____		<input type="checkbox"/> Standby Generator <input type="checkbox"/> Constr. Trailer <input type="checkbox"/> Sub-Panel (# _____)	
Size of Service: _____ amps		<input type="checkbox"/> Alarm System # _____ Pull Stations <input type="checkbox"/> Alarm Test <input type="checkbox"/> Sewer Pump	
Commercial Applicants Only		<input type="checkbox"/> Solar (# of panels _____) <input type="checkbox"/> Battery Back Up	
Motors: _____ Sub-Panels: _____ Panelboards: _____		Est Value of Work (Materials & Labor): \$ _____	
Receptacles: _____ Lights: _____ Switches: _____ Pole Lights: _____			

Mechanical Permit		New Installs must provide a load calculation prior to inspection	
Contractor Name: _____		<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
Mailing Address: _____		<input type="checkbox"/> Stick Built <input type="checkbox"/> Modular <input type="checkbox"/> Manufactured	
_____		<input type="checkbox"/> New Home <input type="checkbox"/> Addition <input type="checkbox"/> Garage <input type="checkbox"/> Accessory	
Phone Number: _____		Non-Fuel Fired System:	
Email (Optional): _____		<input type="checkbox"/> Heat Pump/AC Unit (# units _____) <input type="checkbox"/> Ductwork <input type="checkbox"/> Load calc. prov	
State Lic #: _____ Exp Date: _____		<input type="checkbox"/> Mini-Split System -- Condensers # _____ Evaporators # _____	
Commercial Applicants Only		Fuel Fired System:	
<input type="checkbox"/> Hood System <input type="checkbox"/> Hood Test	<input type="checkbox"/> Roof Top H/C Unit (# _____)	Appliances # _____ <input type="checkbox"/> Tank <input type="checkbox"/> Exterior Line <input type="checkbox"/> Interior Line <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler - BTUs _____ <input type="checkbox"/> Chimney/Fireplace (gas vent non-masonry) <input type="checkbox"/> Chimney Liner/Relining	
<input type="checkbox"/> Sprinkler System	Storage Tank: <input type="checkbox"/> Install (# _____)		
<input type="checkbox"/> Standpipe - <input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Remove (# _____)		
<input type="checkbox"/> Fire Pump <input type="checkbox"/> Test	<input type="checkbox"/> Duct Heater (# _____)		
Elevators: _____ Freight Lift: _____ Chair Lift: _____ Escalator: _____		Est Value of Work (Materials & Labor): \$ _____	
Dumbwaiter: _____ Hoist Way: _____ Man Lift: _____ Conveyor: _____			

Plumbing Permit	
Contractor Name: _____	
Mailing Address: _____	
_____	
Phone Number: _____	
Email (Optional): _____	
State Lic #: _____ Exp Date: _____	
Commercial Applicants Only	
# Fixtures: _____ # Drains: _____ # Traps: _____	
# Sewer Connections: _____	
Est Value of Work (Materials & Labor): \$ _____	

Office Use Only	Calculations:
Plans Reviewed and Approved By: _____	<p>I, _____ hereby certify that the proposed structure is not under or close to any power lines. I understand that this is my responsibility as the owner or applicant and any costs associated to negligence will be my responsibility. ** If you have questions or are uncertain of location of overhead or underground power lines, please contact SVEC at 1-800-234-7832. **</p>
<b>Fees:</b>	
Review _____	
Building _____	
Electrical _____	
Mechanical _____	
Plumbing _____	
Penalty _____	
In Lieu Of _____	
<b>Total Fees: \$ _____</b>	
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> DC <input type="checkbox"/> CC	
Verified taxes paid _____	

I hereby certify that I have the authority to make the foregoing application, that the information given is true and correct and that the construction will conform to the regulations in the Uniform Statewide Building Code.

Applicant's Name (Printed)

Applicant's Signature

Date